



Office of Labor-Management Standards  
Washington, D.C. 20210  
(Feb. 1986)

Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB  
No. 1214-0001  
Expires: 12/31/86

#### A.—PERSON FILING

<b>1. NAME AND ADDRESS (Include ZIP code)</b> Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Scottsdale, Arizona 85255				<b>2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:</b>			
<b>3. FILE NO.</b> C- 0322		<b>4. PERIOD COVERED BY THIS REPORT</b> From: 12/31/2001 To: 12/31/2001		<b>Month</b> 1 12	<b>Day</b> 1 31	<b>Year</b> 2001 2001	

**B.—STATEMENT OF RECEIPTS.** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Delcard Associates, Inc., 19 Germay Drive, Wilmington, DE 19804	12-20-00 Paid 1-25-01	\$ 1,958.03
United Sleep Products, 11 Industrial Circle, Leola, PA 17603	1-31-01	71,632.28
Coffee Associates, 178 Old River Road, Edgewater, NJ 07020	3-7-01	16,303.24
Wholesale Builders Supply, Inc., 200 First Street, Carnegie, PA 15106	2-10-01	17,973.36
	CONTINUED ON	PAGE 2
	TOTAL	\$

**C.—STATEMENT OF DISBURSEMENTS.** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

#### 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of items 9-13)	\$

**D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS.** Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
		TOTAL \$	

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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

**E.—VERIFICATION AND SIGNATURE.** The person in item 1 above, and each of his undersigned authorized officers declare, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: \_\_\_\_\_ PRESIDENT \_\_\_\_\_ SIGNED: \_\_\_\_\_ TREASURER \_\_\_\_\_  
 (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.)  
 at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ on: \_\_\_\_\_ Date \_\_\_\_\_ at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ on: \_\_\_\_\_ Date \_\_\_\_\_



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<b>3. FILE NO.</b> C- 0322		<b>4. PERIOD COVERED BY THIS REPORT</b>		<b>Month</b>	<b>Day</b>	<b>Year</b>	
		From:		1	1	2001	
		To:		12	31	2001	

**B.—STATEMENT OF RECEIPTS.** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Dixon-Shane Drug Company, 256 Geiger Road, Philadelphia, PA 19115	3-16-01	\$19,827.17
Waste Management, d/b/a Efficient Sanitation, 22650 Stevenson, Clinton Township, MI 48035	3-16-01	30,022.74
Catelli Brothers, 776 Broad Street, Shrewsbury, NJ 07702	4-6-01	24,297.39
Nikko Ceramics Inc., 114-120 Seaview Drive, Secaucus, NJ 07094	4-16-01	9,263.79
	CONTINUED ON	PAGE 3
	TOTAL	\$

**C.—STATEMENT OF DISBURSEMENTS.** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

#### **8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:**

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

  

9. Office and Administrative Expenses	\$
10. Publicity .....	
11. Fees for Professional Services .....	
12. Loans Made .....	
13. Other Disbursements .....	
14. Total Disbursements	
(Sum of Items 9-13)	\$

**D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS.** Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
		TOTAL \$	

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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

**E.—VERIFICATION AND SIGNATURE.** The person in item 1 above and each of his undersigned authorized officers declare, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: \_\_\_\_\_ PRESIDENT  
 (If other title, cross out and write in correct title above.)  
 at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ on: \_\_\_\_\_ Date \_\_\_\_\_

SIGNED: \_\_\_\_\_ TREASURER  
 (If other title, cross out and write in correct title above.)  
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<b>3. FILE NO.</b> C- 0322	<b>4. PERIOD COVERED BY THIS REPORT</b> From: 1/1/2001 To: 12/31/2001	<b>Month</b> 1 12	<b>Day</b> 1 31	<b>Year</b> 2001 2001

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5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Waste Management, 19 Wheeler Street, New Haven, CT 06512	3-31-01 Pre-petition	\$7,466.25
Inland Paperboard & Packaging, Inc., 1270 Old Baltimore Pike, P.O.Box 493, Toughkenamon, PA 19374	4-20-01	34,000.55
MJM Studios of New York, Inc., 453 State Route 17K, Rock Tavern, NY 12575	5-9-01	10,810.29
Excel Transfer Corp., 876 North Lenola Road, Suite 6B, Moorestown, NJ 08057	5-9-01	Open
	CONTINUED ON	PAGE 4
	TOTAL	\$

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(a) Name	(b) Salary	(c) Expenses	(d) Totals
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(Sum of Items 9-13)	\$

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15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
TOTAL		\$	

A circular ink stamp located in the upper right quadrant of the page. The outer ring contains the text "US DOE ESEA". Inside the circle, at the top, it says "Rec'd". In the center, there is a date stamp "APR-2-2002". At the bottom, the name "JORDA" is stamped.

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

**E.—VERIFICATION AND SIGNATURE.** The person in item 1 above, and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: \_\_\_\_\_, PRESIDENT  
(If other title, cross out and write in correct title above.)  
at: \_\_\_\_\_  
City State on: \_\_\_\_\_ Date

SIGNED: \_\_\_\_\_, TREASURER  
(If other title, cross out and write in correct title above.)  
at: \_\_\_\_\_  
City State on: \_\_\_\_\_ Date

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(Rev. 2/86)